

2018 Preventive Schedule

Important preventive health services for you and your family

Below is a summary of preventive service recommendations for healthy adults with normal risk. Most services are covered at 100% when State of Delaware members use in-network providers for preventive care. Make sure you know what is covered by your health plan and talk with your doctor to find out what preventive services are right for you and when you should have them. A full list of the most current screening recommendations can be found on the U.S. Preventive Services Task Force (USPSTF) website at <http://www.ahrq.gov/clinic/uspstfix.htm>. Vaccine schedules change often. The most current recommendations for vaccines can be found on the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/vaccines. A catch-up vaccine schedule is also available at the CDC website for any vaccines that may have been missed.

Questions?



Call Member Services at
1-877-542-3862



Ask your doctor



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www.aetna.com

Adults: Ages 19+ Male Female

	General Health Care	
	Routine Checkup (This exam is not the work- or school-related physical)*	Ages 19 to 49: Every 1 to 2 years Ages 50 and older: Once a year
	Pelvic, Breast Exam	Once per plan year
	Screening Tests**	Recommendations
	Abdominal aortic aneurism	One-time screening – ages 65 years and older who have smoked
	Alcohol misuse	Routinely – 18 years of age and older
	Blood pressure	Every 2 years – 18 years of age and older
	Body mass index (BMI)	Periodically – 18 years of age and older
	Cervical	Annually – Pap smear and pelvic exam for women 21-65 years of age. Women 30-65 years of age may have a Pap smear and human papillomavirus (HPV) testing every 3 years. Talk with your doctor to discuss the method of screening that is right for you.
	Chlamydia, Gonorrhea and Syphilis	Routinely – 24 years of age and younger and sexually active
	Cholesterol	Every 5 years – 35 years of age and older
	Colorectal	Beginning at 50 years of age to 75 years of age – yearly screening with high-sensitivity stool test for blood, OR sigmoidoscopy every 5 years with high sensitivity stool test for blood every 3 years, OR colonoscopy every 10 years. Talk with your doctor about what type of screening is right for you and any benefits of screening over 75 years of age.
	Depression	Routinely – 18 years of age and older
	Diabetes	High-risk – 40 years of age and older. Talk with your doctor to discuss the method of screening that is right for you.
	Hepatitis B (HBV)	High-risk
	Hepatitis C (HCV)	Once – Adults born between 1945 and 1965. People at high risk for infection should also be screened.
	Human immunodeficiency virus (HIV)	Once – 15-65 years of age. Talk with your doctor about when screening should be repeated.
	Intimate partner violence	Routinely – women of childbearing age
	Latent Tuberculosis	High-risk
	Lung Cancer	Annually – 55-80 years of age who have a 30 pack-per year smoking history and currently smoke or have quit within the past 15 years
	Mammogram¹ 2D/3D	Annually – 40 years of age and older Baseline Mammogram – between ages 35-39

























*Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

**The preventive health screenings are based on the recommendations of the U.S. Preventive Service Task Force (USPSTF) found online at <http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations> as of February 11, 2015.

¹Based on the breast cancer screening recommendations of the National Cancer Institute (NCI) at www.cancer.gov/cancertopics/factsheet/detection/mammograms as of February 11, 2015.

The material has been prepared for your general information only. It does not warrant or guarantee, and shall not be liable for any deficiencies in, the information contained herein, or for the accuracy or appropriateness of any services provided by independent third parties. It does not recommend the self-management of health or related issues, nor does offer medical advice. You should consult your physician or appropriate professional for advice and care appropriate for your needs.

Adults: Ages 19+

	Osteoporosis	65 years of age and older
	Prostate	Talk to your health care provider to determine if a prostate screening is recommended
	Tobacco use	Routinely – 18 years of age and older
	Diabetes Prevention Program (DPP) (Overweight, BMI greater than 25; Diagnosed with pre-diabetes by blood test or previous diagnosis of gestational diabetes)	Enrollment in DPP program. To determine if you are at risk, talk to your doctor or visit http://www.ymcade.org/preventdiabetes/
	Vaccines*	Recommendations
	Hepatitis A	2-3 doses – at risk or per doctor's advice
	Hepatitis B	3 doses – at risk or per doctor's advice
	Human papillomavirus (HPV)	One 3-dose series – 19-26 years of age
	Influenza	Every flu season
	Measles-mumps-rubella (MMR)	1 or 2 doses
	Pneumonia	1-2 doses per lifetime – high-risk or 65 years of age and older
	Tetanus-diphtheria-pertussis (Td/Tdap)	1 dose Tdap, then Td every 10 years – 19 years of age and older
	Varicella (chicken pox)	One 2-dose series – adults with no history of chicken pox
	Zostavax	1 dose – 50 years of age and older
	Shingrix	2 doses – 50 years of age and older
	Perinatal Screening Tests**	Recommendations
	Bacteriuria	Urine culture – 12-16 weeks gestation or first prenatal visit, whichever is first
	Breastfeeding	During and after pregnancy – breastfeeding counseling
	Gestational diabetes	During pregnancy – after 24 weeks
	Hepatitis B virus (HBV)	First prenatal visit
	Human immunodeficiency virus (HIV)	During pregnancy
	Iron deficiency anemia	During pregnancy
	Rh (D) antibody	First prenatal visit – repeat at 24-28 weeks gestation for all unsensitized Rh (D)-negative women, unless the biological father is known to be Rh (D)-negative
	Syphilis	During pregnancy
	Tobacco use	During pregnancy – pregnancy-tailored counseling for those who smoke
	Perinatal Vaccines**	Recommendations
	Tetanus-diphtheria-pertussis (Tdap)	1 dose – during each pregnancy

* The vaccine recommendations are based on the Centers for Disease Control and Prevention (CDC) found online at <http://www.cdc.gov/vaccines/schedules/> as of February 11, 2015.

**This information is a summary of perinatal services recommendations from the USPSTF and the CDC for healthy pregnant women with normal risk. Talk with your doctor to find out what services are right for you and when you should have them. Your doctor may have additional recommendations.

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2018 Preventive Schedule

Important preventive health services for your child

Below is a summary of preventive service recommendations for healthy children with normal risk. Talk with your doctor to find out what preventive services are right for your children and when they should have them. A full list of the most current screening recommendations can be found on the U.S. Preventive Services Task Force (USPSTF) website at <http://www.ahrq.gov/clinic/uspstfix.htm>. Vaccine schedules change often. The most current recommendations for vaccines can be found on the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/vaccines. A catch-up vaccine schedule is also available at the CDC website for children who have fallen behind or started late.

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Children: Birth to Age 6

General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	3Y	4Y	5Y	6Y
Routine Checkup (This exam is not the preschool- or daycare-related physical)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Screening Tests*															
Body mass index (BMI)														●	
Hearing	●														
Phenylketonuria (PKU), sickle cell disease, hypothyroidism	●														
Vision												Once – 3-5 years of age			
Vaccines**															
Chicken pox (varicella)															
Diphtheria-tetanus-pertussis (DTap)			Dose 1	Dose 2	Dose 3			Dose 4						Dose 5	
H. Influenzae type b (Hib)			Dose 1	Dose 2	Dose 3		Dose 4								
Hepatitis A							Dose 1 – between 12-23 months of age; Dose 2 – 6-18 months later								
Hepatitis B	Dose 1	Dose 2	Dose 3	Dose 4											
Inactivated polio (IPV)			Dose 1	Dose 2	Dose 3									Dose 4	
Influenza					Every flu season										
Measles-mumps-rubella (MMR)															
Pneumococcal conjugate (PCV)			Dose 1	Dose 2	Dose 3		Dose 4								
Rotavirus			Dose 1	Dose 2	Dose 3										

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Children: Ages 7 to 18

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General Health Care	7Y	8Y	9Y	10Y	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y
Routine Checkup (This exam is not the preschool- or daycare-related physical exam)	●	●	●	●	●	●	●	●	●	●	●	●
Screening Tests*												
Alcohol misuse												Routinely
Blood pressure												Every 2 years
Body mass index (BMI)	Periodically											
Depression												Routinely
Human immunodeficiency virus (HIV)												Once – 15-65 years of age. Talk with your doctor about when screening should be repeated
Tobacco use prevention	Routinely											
Diabetes Prevention Program (DPP) (Overweight, BMI greater than 25; Diagnosed with pre-diabetes by blood test or previous diagnosis of gestational diabetes)												Enrollment in DPP program. To determine if you are at risk, talk to your doctor or visit http://ymc.ade.org/preventdiabetes/

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Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Member Service number on the back of your member ID card.

Children: Ages 7 to 18

Vaccines*											
Human papillomavirus (HPV)					2 doses when started between 9-14 years of age; 3 doses all other ages						
Influenza	Every flu season										
Meningococcal					Dose 1				Dose 2		
Tetanus-diphtheria-pertussis (Tdap)					Dose 1						

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- Telephone: **1-800-648-7817** (TTY: 711), Fax: 1-859-425-3379
- Email: CRCoordinator@aetna.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

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ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY: 711)

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike: Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

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